

Department of Commerce, Community, and Economic Development
Division of Community and Regional Affairs

Nutritional Alaskan Foods for Schools
REQUEST FOR REIMBURSEMENT

Grantee: «District» Grant Agreement Number: «Grant_No»

Report Period: From: To: Report No.:

Authorized Budget	Expenditures this Period	Total Grant Expenditures to Date	Balance of Funds
«Allocation»			

NET REIMBURSEMENT TO GRANTEE	
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Food Items Purchased:						Complete columns below. If necessary, please attach additional sheets.					
Date	Purchased From (<i>producer name</i>)	Quantity	Item Description	Category*	Cost						
Total Spent (add additional sheets if applicable)											
*SF (seafood), LS (livestock), MK (milk), FV (fruits, vegetables), NB (native berries), TR (transportation)											
Send this original reimbursement form along with copies of invoices identifying Alaskan producers and/or product, proof of payment (receipts, canceled checks, etc.), totaling amount requested for reimbursement to:											
Debi Kruse, Grants Administrator III Division of Community and Regional Affairs 550 W. 5 th Ave., Suite 1640 Anchorage, AK 99501											

GRANTEE CERTIFICATION: <i>I certify that the above information is true and correct, and that the expenditures have been made for the purpose of, and in accordance with applicable grant agreement terms and conditions.</i>		DCCED Staff Use:	
<hr/>		Encumbrance No: <hr/>	
<hr/>		Payment Amount: <hr/>	
<hr/>		DCCED Approval: <hr/>	
<hr/>		<hr/>	
Authorized Signature <hr/> Date <hr/>		DCCED Signature <hr/> Date <hr/>	
Printed Name and Title <hr/>			

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